

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

11727-62-044727
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 14 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b
42 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOMER G. PHILLIPS

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
3938 W. Belle

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

IRA

PIERCE

4. DATE OF DEATH

Month

Day

Year

December 5, 1962

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10/19/82

9. AGE (last birthday)
80

IF UNDER 1 YEAR
Months 1 Days 16

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Railroad

11. BIRTHPLACE (City and state or country)
Lyons City, Ky.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Larce Pierce

13b. MOTHER'S MAIDEN NAME

Mary Rhodes

14. NAME OF HUSBAND OR WIFE

Lena Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Claretta Pierce, 3938 W. Belle

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Head injuries, Generalized

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerosis. Suffered in fall down

DUE TO (c)

Falls in home on 11-27-62.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY
Hour
s.m.
p.m.

Month, Day, Year
11-27-62

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis, Mo

21. I attended the deceased from

9:15 P.

to

and last saw him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Paul J. Simon
Deputy Coroner

1300 Clark

12/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12/11/62

23c. NAME OF CEMETERY OR CREMATORY
Washington Park Cem.

23d. LOCATION (City, town, or county)
St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

REGISTRAR'S SIGNATURE

Charles J. Gates, Jr., 4107 Finney

DEC 7 - 1962

Paul Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

40 7 10 32 J 14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Raymond Dickson, Student Embalmer No. 665
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Geoffrey Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.